

Detention of asylum seekers: assault on health, human rights, and social development

Derrick Silove, Zachary Steel, Richard F Mollica

The end of World War II ushered in a new era of international commitment to provide humane protection to all people fleeing persecution. This decade, however, has witnessed a steady erosion of that ethos, the most disturbing change being the tendency to confine asylum seekers in detention centres in countries of the West. Many of these people have suffered torture and other

abuses, raising particular concerns that the anxiety, fear, and frustration provoked by detention may prolong and exacerbate underlying traumatic stress reactions and thereby create long-term psychosocial disability.

Of the five million people seeking asylum in the more-developed world during 1980–99, the majority have been allowed to live in the community while awaiting the outcome of their refugee claims. Increasingly, however, industrialised countries are building or extending facilities to detain asylum seekers. In 2000, the USA detained about 5000 asylum seekers at any one time. Australia stands alone in mandating the detention of all individuals entering the country without valid visas irrespective of whether or not they are seeking asylum. About 3500 asylum seekers, including 450 children, were held in detention in that country as of June, 2000. More than 300 were detained for longer

Lancet 2001; **357**: 1436–37

Psychiatry Research and Teaching Unit, School of Psychiatry, University of New South Wales, Sydney NSW 2107, Australia (Prof D Silove MD, Z Steel MPsychol); **and Harvard Program in Refugee Trauma, Harvard Medical School, Boston MA, USA** (R F Mollica MD)

Correspondence to: Prof Derrick Silove
(e-mail: d.silove@unsw.edu.au)

Testimony

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My name is Dr Aamer Sultan. I graduated from Baghdad University, Faculty of Medicine, in 1992. Due to my fear of the political regime of Saddam Hussain I fled Iraq and in May, 1999, travelled to Australia without authorised entry documents. In view of my present status, I cannot disclose details of my claim for refugee status.

Upon my arrival I was placed in the Villawood Immigration Detention Centre and remain there to this day. During this time I have become very concerned about the psychological effects caused by the long periods of detention that some asylum seekers, including myself, have experienced. My training as a doctor has allowed me to observe these effects and to act as a point of contact for many of the other detainees to discuss their problems with me.

The experience of detention leads to a day-by-day mounting of stress and tension caused by the environment of the facility, where several factors—residential, administrative, and judicial—converge to undermine an individual's mental state. Detention for myself and other asylum seekers has meant the instant loss of liberty for an indeterminate period of time in a prison-like environment; and involvement in a time consuming, legalistic, and confusing refugee determination process that is adversarial and confrontational. The handling and treatment of detainees is done in a manner which appears arbitrary, deliberately harsh, culturally insensitive, and highly disrespectful in a context where there is a significant lack of emotional and psychological support or care.

A large minority of refugees are exposed to intimidation and reprisals by the detaining authorities. Acts of reprisal that I have observed include: confinement in solitary cells;

restricting and sometimes denying access to legal representation, medical care, or receipt of visitors; and prolonged duration of detention (a few detainees have been detained for more than 4 years without any recent administrative review of their cases). During a recent hunger strike, all power and water supplies were cut to the cell block where the hunger strikers were residing, even though women and children were present. Some detainees are kept incommunicado without access to legal advice or contact with other detainees for extensive periods of time. There has been mass punishment of detainees in the form of harsh treatment following events such as detainee protests, hunger strikes, and escapes. For example, during one particular hunger strike all detainees were denied access to phones, faxes, post, and receipt of visitors, and had long periods of confinement in their room.

Of the 36 detainees who have been held for over 12 months at Villawood Detention Centre, my observations suggest that 33 are experiencing clear evidence of severe depressive illness with the remaining three experiencing mild depressive symptoms. In support of these observations, 22 of the 36 detainees are receiving anti-depressant medication, with a further nine refusing to take medication for their depressive symptoms. Six of the detainees have developed clear psychotic symptoms, as indicated either by admission to acute psychiatric units or on the basis of other psychiatric assessments. Five of the detainees show strong aggressive-impulsive and persistent self-harming behaviours. Most of these people displayed little if any of these symptoms when first detained at Villawood. It is of great concern that the psychological state of asylum seekers deteriorates to such an extent while in detention.

I and my fellow detainees came in search of freedom after suffering extreme persecution in our home countries. What has shocked us most is that our human rights have been profoundly violated again, this time by a country that is supposed to respect the principals of human rights. If a western country can do this and get away with it, what hope do we have?

Aamer Sultan

Villawood Detention Centre, Villawood, NSW 2163, Australia (A Sultan MBChB)

than a year. The UK tends to detain more asylum seekers for longer periods of time and with fewer provisions for independent judicial review than its continental neighbours.

Independent inquiries in several countries have raised serious concerns about human rights conditions in asylum detention centres.¹ Women and children are held in close confinement with men in settings where violence among inmates is an ongoing risk. Centres in Australia, such as the newly established facility in Woomera, are situated in isolated areas surrounded by barbed-wire fences, with vast distances limiting access by social, health, and legal services. Detainees in this and other centres around the world face indeterminate periods of social and cultural isolation, and may be denied access to work and study. They live in constant uncertainty about their futures, with the threat of forced repatriation being ever present.

In several countries, asylum seekers are held in prisons where some have suffered assault by convicted criminals. Even in dedicated asylum detention centres, allegations have been made of brutality, excessive discipline including solitary confinement, and injuries arising from physical constraint and forced sedation by injection. Recently, the Australian government threatened to institute strip searches of inmates and to authorise non-medical staff to administer sedative injections to quell unrest among detainees.

Administrative obstacles have prevented the systematic investigation of the general and mental health of detainees. In 1999, the *New York Times* reported that 90 detainees had contracted tuberculosis from a fellow asylum seeker. Inadequacies in dental treatment, in the medical investigation of physical complaints, and in antenatal care have drawn comment from several human rights organisations worldwide. Psychological distress among inmates is reflected in suicide attempts, acts of mass violence, group breakouts, rioting, burning of facilities, and sporadic hunger strikes. An Australian-based study of Tamil asylum seekers² has allowed a broad comparison to be made between those held in detention and compatriots applying for refugee status while living in the community. The detained group reported greater exposure to torture and other forms of persecution in their home country, and they manifested much higher levels of depression, panic, post-traumatic stress symptoms, somatic distress, and suicidal urges compared with the community group. Although limited by unavoidable sampling constraints, the study does suggest that asylum seekers who face extreme threats are the subgroup most likely to leave their homelands in haste and without documentation, hence placing themselves at greater risk of being detained at the point of entry to a western country. The cruel irony is that instead of providing special care for the most traumatised individuals fleeing persecution, western countries may be subjecting them to the very conditions that are likely to hinder psychosocial recovery.

Contemporary thinking in health, social development, and human rights increasingly converge on common themes: the link between civic freedom and social development; the emphasis on prevention rather than

on late intervention; the importance of active communal participation in decision-making, policy formulation, and self-help activities; the focus on promoting autonomy, skills, and human capabilities across all sectors of society; and the need to foster transparency and accountability in all government activities. The policy of detaining asylum seekers contradicts every one of these principles. Instead of providing rehabilitation and a supportive environment for individuals fleeing oppression, governments have gone to elaborate and costly lengths to reproduce the environment of threat and fear from which these people have fled.

In the 50th year of the Refugee Convention, recipient countries appear to have drifted far from the spirit of this international commitment to provide humane assistance to the oppressed. Politicians offer glib rationalisations for the detention policy—in particular, that detention is the only way of sending a message of deterrence to unauthorised immigrants. Yet the contradictions in political rhetoric are becoming increasingly extreme. Free trade is exalted as a virtue, but the free movement of people is regarded as a sovereign threat and a challenge to the material prosperity of the West. In responding to such pragmatic concerns, we need to reaffirm that human rights are universal and that their comprehensive implementation comes at a cost: in the same way that

perpetrator nations are expected to forego torture in favour of other more complex methods of dealing with dissent, so must the more-developed world accept that convenience and administrative simplicity cannot justify the mistreatment of asylum seekers.

Alternative regimes to detention have been tested and already are in place in many recipient countries—systems that monitor asylum seekers living in the community; the lodging of financial bonds by families, friends, or humanitarian agencies to ensure compliance of the refugee applicant with immigration procedures; and even temporary forms of asylum. Each provision, however imperfect, allows asylum seekers to live with dignity and a degree of freedom in the community. As yet, no recipient society has experienced anything approaching a breakdown in social order by virtue of allowing asylum seekers to live in our midst.

It is often said that a society's moral strength is measured by how humanely it deals with the most vulnerable individuals living within its domain. The asylum detention centre, deliberately hidden from the public gaze, threatens to leave an indelible mark on our legacy, a stain that history will have difficulty erasing. Our political leaders need to be given a wake-up call to prevent us from sliding even further down the slope of divisiveness and recrimination on this issue. We need to reaffirm the inviolable dictum that human rights begin at home.

References

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- 2 Thompson M, McGorry P, Silove D, Steel Z. The mental health and well-being of on-shore asylum seekers in Australia. Sydney: Psychiatry Research & Teaching Unit, 1998: 27–31.